



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Injured Workers Pharmacy LLC

**Respondent Name**

National Union Fire Ins Co of Pittsburgh PA

**MFDR Tracking Number**

M4-25-2907-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

July 15, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 23, 2025	65162091174	\$866.22	\$0.00
February 26, 2025	00603188016	\$744.68	\$0.00
February 26, 2025	65162091174	\$866.22	\$0.00
	Total	\$2507.12	\$0.00

### Requester's Position

"The attached bills were mailed to the carrier 1-2 days after the date of service; they have not issued any payment or denials. We reached out to Medata which is their preferred PBM and there was also no response, we resubmitted the bill on an email to the adjuster and there was also no response. Bills are well past the 45-day mark and the lack of response warrants MFDR."

**Amount in Dispute:** \$2507.12

### Respondent's Position

The Austin carrier representative for National Union Fire Ins Co of Pittsburgh is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on July 16, 2025.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available

information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

## **Findings and Decision**

### Authority

This medical fee dispute is decided according to [Texas Labor Code §413.031](#) and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

### Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §133.20](#) sets out requirements of medical bill submission.
3. [28 TAC §133.250](#) sets out the requirements of reconsideration.

### Denial Reasons

- Neither party submitted an explanation of benefits related to the services in dispute.

### Issues

1. Did the requester support timely submission of medical claim?
2. Did the requester submit evidence of a reconsideration or request of an EOB?

### Findings

1. The requester is seeking reimbursement of medications dispensed in January and February of 2025. The requester submitted the following documents with this request for MFDR.
  - Copy of DWC066 for medication Diclofenac 1.5% 150 units amount billed \$866.22 date of service. January 23, 2025.
  - Copy of DWC066 for medications Diclofenac 1.5% 150 units amount billed \$866.22 date of service February 26, 2025 and Lidocaine 5% 60 units amount billed \$774.68 for date of service February 26, 2025.
  - Copy of email to Randen Zumwalt at creativerisksolutions.com asking for assistance with claims dated July 15, 2025.
  - Copy of email to [providerinquiry@medata.com](mailto:providerinquiry@medata.com) asking for bill status on February 28, 2025.

DWC Rule 28 TAC §102.4 (h) Unless the great weight of evidence indicates otherwise, written communications will be deemed to have been sent on:

- (1) the date received if sent by fax, personal delivery, or electronic transmission; or

(2) the date postmarked if sent by mail through United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent must be the next previous day that is not a Sunday or legal holiday.

Review of the submitted documentation found the requester does not support the timely submission of the medical claim via mail/fax/or electronic submission.

2. DWC Rule 28 TAC §133.250 (c)(2) states, A health care provider shall not submit a request for reconsideration until: the health care provider has not received an explanation of benefits within 50 days from submitting the medical bill to the insurance carrier.

Based on the above, the requester should have sent a reconsideration on these disputed services but provided no evidence that a request for reconsideration was done.

Additionally, DWC Rule 133.307 (c)(2)(J)(K) states, The requestor must send the request to the division in the form and manner prescribed by the division by any mail service, personal delivery, or electronic transmission as described in §102.5 of this title. The request must include:

(J) a copy of all medical bills related to the dispute, as described in §133.10 of this chapter (concerning Required Billing Forms/Formats) or §133.500 (concerning Electronic Formats for Electronic Medical Bill Processing) as originally submitted to the insurance carrier in accordance with this chapter, and a copy of all medical bills submitted to the insurance carrier for an appeal in accordance with §133.250 of this chapter (concerning Reconsideration for Payment of Medical Bills);

(K) each explanation of benefits or e-remittance (collectively "EOB") related to the dispute as originally submitted to the health care provider in accordance with this chapter or, if no EOB was received, convincing documentation providing evidence of insurance carrier receipt of the request for an EOB;

Review of the submitted documentation found no convincing evidence of a reconsideration request or a request for an EOB. No payment is recommended.

### Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requester and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the Injured Workers Pharmacy has not established that reimbursement of \$2,507.12 is due.

### **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

September 30, 2025

\_\_\_\_\_  
Date

## **Your Right to Appeal**

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at [www.tdi.texas.gov/forms/form20numeric.html](http://www.tdi.texas.gov/forms/form20numeric.html). DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3 or email [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in [28 TAC §141.1\(d\)](#).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).